

AMENDMENT TRANSMITTAL LETTER			Docket No. 64589(50024)	
Application No. 10/561,407-Conf. #1097	Filing Date May 2, 2006	Examiner R. C. Robinson	Art Unit 4142	

Applicant(s): Ian Hynd et al.

Invention: IMPROVEMENTS TO LOUDSPEAKER DRIVER ASSEMBLIES

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	27	- 40 =		x	
Independent Claims	1	- 6 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					245.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					245.00

☐ Large Entity
 ☒ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 04-1105 in the amount of \$ 245.00.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1105
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/George N. Chaclas/
 George N. Chaclas
 Attorney/Agent Reg. No.: 46,608

Dated: January 28, 2009

EDWARDS ANGELL PALMER & DODGE LLP
 P.O. Box 55874
 Boston, Massachusetts 02205
 (401) 276-6653

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on January 28, 2009
Date

/George N. Chaclas/

Signature

George N. Chaclas

Typed or printed name of person signing Certificate

46,608

Registration Number, if applicable

(401) 276-6653

Telephone Number

Note: Each paper must have its own certificate of mailing.

Transmittal (1 page)
Fee Transmittal (1 page)
Extension of Time Request (2 pages)
Amendment Transmittal (1 page)
Amendment (15 pages)

Charge \$245.00 to deposit account 04-1105

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known		
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/561,407-Conf. #1097	
		Filing Date	May 2, 2006	
		First Named Inventor	Ian Hynd	
		Examiner Name	R. C. Robinson	
		Art Unit	4142	
TOTAL AMOUNT OF PAYMENT	(\$)	245.00	Attorney Docket No.	64589(50024)

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims <u>27</u> - 40 or HP = <u> </u>	Extra Claims <u> </u>	Fee (\$) <u> </u>	Fee Paid (\$) <u> </u>	Multiple Dependent Claims Fee (\$) <u> </u> Fee Paid (\$) <u> </u>
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims <u>1</u> - 6 or HP = <u> </u>	Extra Claims <u> </u>	Fee (\$) <u> </u>	Fee Paid (\$) <u> </u>	
HP = highest number of independent claims paid for, if greater than 3.				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u>	<u> </u>	<u> </u> /50 = <u> </u> (round up to a whole number) x <u> </u>	<u> </u>	<u> </u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>2252 Extension for response within second month</u>	<u>245.00</u>

SUBMITTED BY

Signature	/George N. Chaclas/	Registration No. (Attorney/Agent)	46,608	Telephone	(401) 276-6653
Name (Print/Type)	George N. Chaclas	Date	January 28, 2009		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/561,407-Conf. #1097
		Filing Date	May 2, 2006
		First Named Inventor	Ian Hynd
		Art Unit	4142
		Examiner Name	R. C. Robinson
Total Number of Pages in This Submission		Attorney Docket Number	64589(50024)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Amendment Transmittal Certificate of Electronic Filing
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature	/George N. Chaclas/		
Printed name	George N. Chaclas		
Date	January 28, 2009	Reg. No.	46,608